

- 13 (6) : 7047-7052.
- [28] OK Y J, KANG S R, KIM H J, et al. Comparative outcomes of total arch versus hemiarch repair in acute DeBakey type I aortic dissection: the impact of 21 years of experience [J]. Eur J Cardiothorac Surg, 2021, 60 (4) : 967-975. DOI: 10.1093/ejcts/ezab189.
- [29] POON S S, THEOLOGOU T, HARRINGTON D, et al. Hemiarch versus total aortic arch replacement in acute type A dissection: a systematic review and meta-analysis [J]. Ann Cardiothorac Surg, 2016, 5 (3) : 156-173. DOI: 10.21037/acs.2016.05.06.
- [30] BARTOSZ, RYLSKI, MD, et al. Acute type A aortic dissection extending beyond ascending aorta: limited or extensive distal repair [J]. J Thorac Cardiovasc Surg, 2014, 148 (3) : 949-954. DOI: 10.1016/j.jtcvs.2014.05.051.
- [31] SHI E, GU T, YU Y, et al. Early and midterm outcomes of hemiarch replacement combined with stented elephant trunk in the management of acute DeBakey type I aortic dissection: comparison with total arch replacement [J]. J Thorac Cardiovasc Surg, 2014, 148 (5) : 2125-2131. DOI: 10.1016/j.jtcvs.2013.10.058.
- [32] KIM J B, CHUNG C H, MOON D H, et al. Total arch repair versus hemiarch repair in the management of acute DeBakey type I aortic dissection [J]. Eur J Cardiothorac Surg, 2011, 40 (4) : 881-887. DOI: 10.1016/j.ejcts.2010.12.035.
- [33] VALLABHAJOSYULA P, GOTTRÉT J P, ROBB J D, et al. Hemiarch replacement with concomitant antegrade stent grafting of the descending thoracic aorta versus total arch replacement for treatment of acute DeBakey I aortic dissection with arch tear [J]. Eur J Cardiothorac Surg, 2016, 49 (4) : 1256-1261. DOI: 10.1093/ejcts/ezv374.
- [34] 黄志辉, 张剑彬, 袁鸿乾. 右半弓手术和全弓手术对急性A型主动脉夹层患者术后神经系统的影响分析 [J]. 心肺血管病杂志, 2019, 38 (3) : 259-262. DOI: 10.3969/j.issn.1007-5062.2019.03.011.
- [35] BIANCARI F, PETTINARI M, MARISCALCO G, et al. Outcome after surgery for iatrogenic acute type A aortic dissection [J]. J Clin Med, 2022, 11 (22) : 6729. DOI: 10.3390/jcm11226729.
- [36] OBEL L M, LINDHOLT J S, LASOTA A N, et al. Clinical characteristics, incidences, and mortality rates for type A and B aortic dissections: a nationwide Danish population-based cohort study from 1996 to 2016 [J]. Circulation, 2022, 146 (25) : 1903-1917. DOI: 10.1161/CIRCULATIONAHA.122.061065.
- [37] BECKMANN E, MARTENS A, KAUFELD T, et al. Frozen elephant trunk in acute aortic type a dissection: risk analysis of concomitant root replacement [J]. Eur J Cardiothorac Surg, 2022, 62 (4) : ezac051. DOI: 10.1093/ejcts/ezac051.
- [38] HSIEH W C, KAN C D, YU H C, et al. Ascending aorta replacement vs. total aortic arch replacement in the treatment of acute type A dissection: a meta-analysis [J]. Eur Rev Med Pharmacol Sci, 2019, 23 (21) : 9590-9611. DOI: 10.26355/eurrev\_201911\_19454.

(收稿日期: 2023-02-03; 修回日期: 2023-04-07)

(本文编辑: 谢武英)

## · 指南 · 标准 · 共识 ·

# 《乌司他丁用于临床常见急危重症的专家共识》主要内容简介

序号	推荐意见	推荐剂量
1	针对急性胰腺炎尤其是重症急性胰腺炎患者, 建议在标准治疗的基础上早期 (患病1周以内) 应用乌司他丁 (推荐强度评分: 4.5分)	10万~20万U/次, 1~3次/d, 静脉滴注/静脉推注; 可根据病情严重程度适当调整剂量
2	针对休克患者, 建议早期应用乌司他丁 (推荐强度评分: 4.1分)	10万U/次, 1~3次/d, 静脉滴注/静脉推注; 可根据年龄、症状适当增减剂量
3	针对脓毒症患者, 建议在常规治疗的基础上应用乌司他丁 (推荐强度评分: 4.3分)	10万~30万U/次, 3次/d, 静脉滴注/静脉推注
4	针对重症肺炎患者, 建议在常规治疗的基础上应用乌司他丁 (推荐强度评分: 3.8分)	20万U/次, 2~3次/d, 静脉滴注/静脉推注
5	针对急性呼吸窘迫综合征患者, 在常规治疗的基础上, 可考虑应用乌司他丁 (推荐强度评分: 3.8分)	20万U/次, 3次/d, 静脉滴注/静脉推注; 可根据年龄、症状适当增减剂量
6	针对急性百草枯中毒患者, 在常规治疗的基础上, 可考虑尽早联合应用乌司他丁 (推荐强度评分: 3.6分)	20万~30万U/次, 2次/d, 静脉滴注/静脉推注
7	针对重度急性有机磷中毒患者, 在常规治疗的基础上, 可考虑尽早联合应用乌司他丁 (推荐强度评分: 3.6分)	10万~40万U/次, 3次/d, 静脉滴注/静脉推注
8	针对重度急性一氧化碳中毒患者, 在常规治疗的基础上, 可考虑尽早联合应用乌司他丁 (推荐强度评分: 3.4分)	10万~30万U/次, 3次/d, 静脉滴注/静脉推注
9	针对重症中暑患者, 在常规治疗的基础上, 可考虑尽早联合应用乌司他丁 (推荐强度评分: 3.8分)	10万~20万U/次, 2~3次/d, 静脉滴注/静脉推注
10	针对重度烧伤患者, 在常规治疗的基础上, 可考虑尽早联合应用乌司他丁 (推荐强度评分: 3.8分)	10万~60万U/次, 2~4次/d, 静脉滴注/静脉推注; 可根据年龄、症状适当调整剂量
11	针对严重创伤患者, 在常规治疗的基础上, 可考虑尽早联合应用乌司他丁 (推荐强度评分: 3.6分)	10万~30万U/次, 2~3次/d, 静脉滴注/静脉推注
12	针对心搏骤停患者, 建议在自主循环恢复后, 在常规治疗基础上尽早应用乌司他丁 (推荐强度评分: 3.5分)	20万U/次, 2次/d, 静脉推注; 可根据年龄、症状适当调整剂量

(来源: [https://www.chinagp.net/CN/rich\\_html/10.12114/j.issn.1007-9572.2023.0157](https://www.chinagp.net/CN/rich_html/10.12114/j.issn.1007-9572.2023.0157))